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December 20, 2011

Dear Secretary Lanier Cansler,

Greetings to you from rural northeastern NC. I am a Licensed Registered Dietitian and Certified Diabetes Educator working in a large primary care community health center practice in rural northeastern North Carolina. I am a provider in and coordinator of an American Diabetes Association Recognized Diabetes Self-Management Education Program. My job is to educate our clinic patients how to better self-manage and control their diabetes and chronic health problems. We teach all types of people that encompass a variety of ages, races, ethnicities and cultural backgrounds, education and health literacy levels, learning abilities and deficits, physical disabilities, financial deficits, multiple health issues, etc. We serve over 12,000 people in three clinics. Approximately 11% of our clinic patient population is on Medicaid and we estimate that at least 33% of our patient population is impoverished. Approximately 12% of our patients have no health insurance. We have an abnormally high level of diabetes and pre-diabetes in our practice area; we estimate this to be approximately 40% or more of our patients that have known diagnoses.

I say all this to say to you that this is a large and overwhelming battle that we are fighting in healthcare. Our people are very sick and needy. They are individuals with unique needs and barriers to good health. One way does not fit all. **I am discouraged that the Medicaid contract for blood glucose testing supplies is not advantageous for the patients, healthcare team, or the DME suppliers that provide the supplies.** The lancing device with an enclosed circular lancet cartridge is the only one of it's kind on the market and is not easily available. It is very difficult to use and teach, lancets cannot be reused if needed, and will be very wasteful and expensive, as error is going to be very high. Our visually impaired patients will likely be unable to perform glucose monitoring by themselves using this device, which is critical to insulin and meal adjustments. The meter requires a code key with each vial of testing strips, whereas most don't; this represents another potential for inaccuracy and error.

My understanding is that many DMEs will be driven out of business due to inadequate financial reimbursement and constraints. This is not fair practice. It is not beneficial to our economy. I believe that patients and healthcare providers should have choice when it comes to what products are best for patients in managing their disease. I realize that there are some DMEs that do not have the patient's best interest at heart (and we avoid them!) but I have been dealing with one great company for many years and they have never let

p. 2

me or my patients down. (Carolina Diabetic Supply Group out of New Bern NC) They provide excellent caring, customer service and bend over backwards to meet the patient's needs with the highest quality supplies, often sending out emergency supplies at their own expense. They have great professional integrity. My concern is that pharmacies are not prepared in any way to teach patients as they need to be taught, and handle their individual needs with testing supplies. Many of our patients do not have transportation, and cannot get to a pharmacy to obtain testing supplies when needed. Mail order DMEs truly help some people get their supplies consistently.

Please consider my concerns. I am Pro-Choice when it comes to obtaining DME supplies according to Provider orders. While I am not speaking for my employer or the Medical Providers I work with, I believe that my concerns are reflective of many other's as well. Thank you.

Sincerely,

Debbie Klingler RD LDN CDE